

STATE OF IDAHO BUREAU OF LABORATORIES
2220 OLD PENITENTIARY ROAD
BOISE, IDAHO 83712-8299
(208) 334-2235

PERTUSSIS REQUISITION

Tests Requested:

- ☐ Pertussis Culture
☐ Pertussis DFA
☐ Pertussis PCR

Patient Name _____ Date of Birth _____

Patient Identification Number _____ Sex: M F

City and County of Residence _____

Date of Specimen Collection _____ Source _____

**THE PERTUSSIS PCR WILL ONLY BE PERFORMED IF THIS REQUISITION IS
COMPLETELY FILLED OUT AND A CORRESPONDING CULTURE IS
PERFORMED.**

Location of culture: _____
(Include phone number if not performed at the Bureau of Laboratories.)

Laboratory performing DFA, if performed: _____

Results of the DFA: ☐ Pending ☐ Negative ☐ Positive ☐ Unknown

Symptoms: ☐ Cough illness \geq 7 days ☐ Paroxysmal cough
☐ Inspiratory "whoop" ☐ Post-tussive vomiting
☐ Apnea (in children) Duration of Cough: _____

Is the patient on antibiotics? ☐ yes ☐ no Antibiotic: _____

Duration: _____

Is this part of a suspected outbreak? ☐ yes ☐ no

Send report to:

Name: _____
Address: _____
City: _____
Telephone Number: _____

Send copy to:

Name: _____
Address: _____
City: _____
Telephone Number: _____